Qualitative feedback from the BAME Network Chairs across the South East regarding

Advocacy and support for International Nurses

3.12.2021

1. Introduction

This report sets out the advice and ideas to improve international nurses' recruitment as suggested by the BAME Network Chairs across the South East of England. The focus group was conducted on the last taught day of their development programme. The BAME network chair's role in a Trust provides a trusted psychologically safe space that other BAME staff can go to for support. The views of this group are a collection of stories and ideas from international nurses themselves.

2. Context

The Black, Asian and Minority Ethnic (BAME) Staff Network Chairs Development Programme aims to improve individual, workforce and organisational BAME experience. The programme was launched on 27/01/2021, and has core staff involved in evaluation, implementation and programme management. This is the first programme of its kind launched in the South East funded by NHS England and NHS Improvement. It is aligned with the aspirations of the Workforce Race Equality Standard (WRES), NHS leadership development and staff retention.

3. Methodology

The question of advice and ideas to improve international nurses' recruitment was to put to the group as part of their 9th session. The session was attended by 19 BAME Network Chairs and leads from across the South East region. The meeting was recorded so that themes could be collected. All members gave consent for their views to be recorded.

4. Findings and Recommendations

The findings and recommendations from the 9th session can be grouped into five themes:

    i)   The recruitment process at country of origin

    ii)   Arrival

    iii)   Starting work

    iv)   Settling in

    v)   Other issues

4.1. Recruitment process at country of origin - Findings

The recruitment process, starting at the country of origin, lacks consistency and is complex. There appears to be:

i)   a lack of transparency regarding banding of roles recruited to; and/or

ii)   a mismatch occurring between the roles being recruited to and the calibre of staff recruited. In other words, the default recruitment position is to recruit to or appoint for Band 5 roles; the staff being recruited to these roles are bringing higher experience, skills, knowledge and competencies than the role they are being recruited. International recruits ("IRs") are reporting that their higher skills are not being acknowledged or respected; this is creating feelings of despondency, frustration and being undervalued.

Education of the IRs should start at the beginning of the recruitment process. At this stage, education may include an open and fair representation of what IRs may experience, can expect and will be delivered once they arrive at their Trust. This may include, for example:

- consideration of 'care' across cultures and a comparison of where care may be delivered more informally, led by a lead clinician, whereas in the UK care has a more regulated, process driven approach;
- A conversation about racism and discrimination. What recruits may experience, and what they can expect in terms of support and action from their Trust.

The way the recruitment process is incentivised may need review. Currently it is predominantly based on numbers recruited, without taking into account the experience of the process or the experience of the IRs once they arrive or are in post.

4.2. Recruitment process at country of origin - Recommendations

4.2.1. Information and Education

Education and information from the start of the recruitment process may include:

- education about e.g. the UK care culture (process driven); the Trust's position and mechanisms for tackling discrimination and racism e.g., the freedom to speak up guardian role;
- Substantive information including early sight of their actual contracts of employment

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4.2.2. Assess skills and competencies appropriately; appoint at correct banding

A further consideration is fair recruitment based on the skills and competencies of the IRs appointed, rather than default recruitment to Band 5 roles

4.3. Arrival - Findings

Whilst some logistics such as accommodation and food provision are usually taken care of for a period of time, other matters intrinsic to IRs settling in quickly such as GP registration and banking arrangements are predominantly handled by Trusts provision of written information and remote support. This has led to some BAME groups stepping into the gap and providing informal support and training to their peers when they arrive.

4.4. Arrival - Recommendations

4.4.1. Dedicated point of contact

On arrival, there ought to be a dedicated point of contact available to assist the IR with travelling from the airport to their accommodation. The same person should stay in contact for the first three months of this transition so that practical issues are ironed out.

4.4.2. Food in fridge and other basic sundries

At their accommodation, a small but significant gesture would be to make sure food and other basic sundries are available.

4.5. Starting work - Findings

IRs will usually receive the usual formal Trust induction and some dedicated time for professional induction in relation to their role. However, more information could be provided to meet IRs needs, particularly around things we take for granted such as operational systems and processes, and the understanding support systems in place, such as the Freedom to Speak Up guardian and the role of the BAME network.

4.6. Starting work - Recommendations

4.6.1. Formal Induction

The usual induction as offered by a Trust, but should also include understanding Trust processes and operations

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4.6.2. Enhanced induction

This should focus specifically on the needs of IRs such as on information and advice on local communities and what is on offer. This may also include:

- the appointment of a dedicated point of contact to support from 'airport to accommodation' to assist with that part of the journey and then additional aspects of the transition such as cultural and social connections, housing, banking and GP registration;
- Instead of bringing IRs in on a standard rotation day or handover day, consider bringing IRs earlier into the workplace for shadowing, observing, and clinical mentoring;
- Setting up a buddy system;
- The role of and accessing support systems e.g. the Freedom to Speak up Guardian;
- Helping to arrange social activities;
- Connecting with local community groups;
- Meet BAME network leads, Freedom to Speak Up leads, EDI leads.

4.6.3. Role of BAME Networks and Network Chairs

The role of the BAME Networks and Chairs in the recruitment of IRs should be strengthened. This could include:

- BAME Network Chairs attending induction sessions;
- Including a welcome letter from BAME Network chairs in IR welcome packs;
- Setting up mechanisms for the BAME Network to feedback into the recruitment process and support with its improvement.

4.6.4. Informal/Cultural Networks

Trusts should consider setting up or supporting the set-up of informal peer or cultural networks to support new IR cohorts as they arrive. The role of these groups is not to cover the provision of basic amenities/obligations of the Trust, but to ensure that a network of support and encouragement is available to the IRs when they come to our organisations.

4.7. Settling in - Findings

Where Trusts are providing support such as sourcing accommodation and providing a week's worth of food, there is evidence that support from Trusts for these same matters suddenly drops off and is no longer available. This can cause later problems. An example is where the IRs tenancy, originally

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arranged by the Trust, comes to an end and now the IR has to source one of their own or negotiate a new one where they have not had that experience before.

4.8. Settling in – Recommendations

4.8.1. Coaching

Coaching has two aims. The first is to support IRs with settling into their roles and addressing any workplace issues they may have. Coaching will support IRs with feeling empowered to tackle issues in their own way and develop action plans to address such matters. This will help mitigate against leaving such issues unresolved, causing the IR to feel disenfranchised, a possible drop in performance and incidences occurring and other matters which may cause an IR to leave.

The second is around career planning and aspirations, particularly around current arrangements where most recruitment takes place at Band 5 level. Coaching will provide a resource to help IRs explore their own ambitions and aspirations, to gain a greater understanding of their current role, and to develop an action plan to develop their own careers.

4.8.2. Addressing the 'drop off' in support

Typically, once IRs are settled in, all matters that were taken care of on first arrival will now become the IR's responsibility. Trusts may want to reconsider whether the total withdrawal of support is appropriate and whether a more phased approach would be more suitable. As a minimum, Trusts should consider drawing up a list of approved estate agents or landlords for whom IRs can contact when arranging a new tenancy.

4.9. Other issues

4.9.1. Fear and lack of trust impeding international recruits' performance and patient care.

The ability of IRs to remain in the UK is based on them having a work visa. The work visa is entirely dependent on the IRs completing and retaining their NMC pin. Given the fear that IRs feel in coming to a new workplace in a new country and the potentially disproportionate manner in which mistakes may be pursued, this potentially creates a fixed mindset impeding both IR performance and the quality of care experienced by patients.

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4.9.2. Implications for our own nurses

The experience of IRs indicates that the experience of our own BAME nurses is difficult. The suggestion is that there appears to be a significant disparity for our own nurses in placement, training and support for them as they complete their own training.

4.9.3. Difficulties caused by the current internal market mechanism

The current mechanism is a contributory factor. The current mechanism may be described as each Trust acting for themselves and in competition with each other for the same resource. This is creating challenges around:

- Keeping IRs safe at work
- Retaining IRs with a language barrier
- Retaining IRs without a language barrier
- Retaining IRs who might leave the UK for other countries once sufficient experience has been obtained.

4.9.4. IRs suffer homesickness and stress in their new environment

IRs suffer homesickness. This was particularly exacerbated by the COVID pandemic. A safe assumption would be to consider that all IRs will face a degree of homesickness at some stage of their transition here. This is even more so if spouses/partners/children are left behind. Trusts should have appropriate health and wellbeing measures in place. In some cases, it appears that local BAME communities within Trusts are taking the next cohort 'under their wing' and are providing emotional, financial and wellbeing support to the new recruits at cost to themselves with little support being provided by their own Trusts. Trusts will also need to factor in how to accommodate leave requests so that IRs can be supported to have sufficient leave to visit their immediate families left behind.

4.9.5. BAME Networks are not meeting the needs of IRs

Where Trusts have formally established BAME networks this is to be welcomed. However, the operation of those networks may not be meeting the needs of IRs. For example, the IR work patterns may make it difficult for them to attend. This means they are missing out on a key point of support offered by their Trust to tackle any issues they may be experiencing, such as discrimination.

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5. Some quick wins

5.1. Christmas cards/health and wellbeing package

As we run into the festive season, this is an ideal opportunity to provide a small token to our IRs to show that we do value them and are thinking of them at this time when they are far from their families. Many of them may not want to spend their disposable income sightseeing or visiting places as transport is costly so they may be spending more time at work.

5.2. Be proactive!

We can write to each IR directly, welcoming them to the Trust, inviting them to our BAME networks, checking in with them and making time to say hello.

5.3. Provide phone cards/call credit

We know that the separation from families will be hard. We can make it a bit easier for IRs to contact family when they first arrive, find out about how they connect with others outside work and lend support where available.

6. Conclusion

The findings from the 9th session of the BAME Network Chairs' Programme shows that there is a mixed experience for international recruits who join our organisations. There are some pockets of good practice: examples of such work are included in the recommendations of this report. More importantly, the findings show that there is ample opportunity for us to improve the experience of our international recruits who come to work with us.

Ultimately, the consequences of not getting this right are serious for all involved. Not supporting our international recruits will mean that we are at risk of losing both current staff, who will move on, and future staff, when they learn about current experience. Ultimately, our patients will lose out on the excellent service and quality of care that can be provided by the international recruits who become part of our community.

If you would like to share your ideas or contribute to a better experience to our international nurses please email: cavita.chapman@nhs.net

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